

0.513451

20CT 8063

2639

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	ORIS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0   20-009049</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copy		1		JUVENILE							
	Charge Type: Check as many as apply		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		If Weapon Seized		Multiple Clearance Indicator <b>1</b>					
	Location of Arrest (Including Name of Business) <b>1060 CRYSTAL WAY</b>								Location of Offense (Business Name, Address) <b>1060 CRYSTAL WAY, DELRAY BEACH, FL 33444</b>													
D E F E N D A N T	Date of Arrest <b>07/01/2020</b>		Time of Arrest <b>18:40</b>		Booking Date <b>07/01/2020</b>		Booking Time <b>18:50</b>		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) <b>WESTRA, JANINE</b>																					
	Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:																					
C O D E D	Race		W - White B - Black		1 - American Indian O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>01/01/1997</b>		Height <b>5'01</b>		Weight <b>100</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>OLIVE</b>		Build <b>THIN</b>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>1985 W LINTON BLVD G, DELRAY BEACH, FL 33445</b>																					
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>1985 W LINTON BLVD G, DELRAY BEACH, FL 33445</b>																					
J U V E N I L E	Business Address (Name, Street) (City) (State) (Zip) Phone Occupation <b>FL REGISTRATION</b>																					
	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>BALTIMORE, MD</b>		Citizenship <b>US</b>													
	Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile																					
C H A R G E	Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile																					
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian																					
	Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone Business Phone																					
N O T I C E	Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated																					
	Released To: (Name) Relationship Date Time																					
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. School Attended Grade Property (Home)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property																					
I N T A K E	Drug Activity S. Sell E. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other N. N/A B. Buy D. Deliver P. Possess T. Traffic H. Use																					
	Drug Type R. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown Z. Other A. Amphetamine M. Marijuana C. Cocaine O. Opium/Deriv. S. Synthetic																					
	Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b> Statute Violation Number <b>316.193(3)(C)(1)</b> Violation of ORD # <b>DR</b>																					
N O T I C E	Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Copus Number <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																					
	Charge Description Statute Violation Number Violation of ORD # Bond																					
	Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Copus Number <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																					
T O A P P E A R	Health / Apparent Physical Condition of Defendant Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Injuries Explain:																					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail PROPERTY - Received By Released By Released To																					
	Transported By Date Transported Time Transported Other																					
A D M I N I S T R A T I O N	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.																					
	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> Court Date and Time																					
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed <b>No Photo Available</b>																						
HOLD for Other Agency Signature of Arresting Officer Name Verification (Printed by Arrestee) <b>SCANNED</b>																						
Name of Arresting Officer (Print) ID. # (PRINT) <b>ADDEA ROBERT 0882</b>																						
Transporting Officer ID. # Agency <b>ADDEA 882 DBPD</b>																						
Witness here if subject signed with an "X". <b>JUL - 2 2020</b> PAGE 1 OF 1																						

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF JULY 2020 AT 5:29 AM  PM

SUBJECT: JANINE ELISE WESTRA CASE NUMBER: 20-9049

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: ADDEA #882

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The Driver was in full physical control of her vehicle in the driver's seat while operating the vehicle when I made contact with her. The driver was trying to maneuver her car out of a circular parking area within the gated living complex.

## OBSERVATION OF DRIVER:

The Driver was swaying heavily when standing. The Driver was very emotional and crying. The driver was not talking in a coherent manner and could not maintain a solid thought. The driver was slurring when she spoke and had red glassy eyes.

## DRIVER'S STATEMENTS:

The Driver stated that she had been "drinking" earlier in the day to DBFD. The driver stated that she was trying to drive her car home but denied crashing into anything within the parking lot.

## ODORS:

The Driver smelled heavily of an unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Very slurred speech

ATTITUDE: Very emotional, crying, severe mood swings.

CLOTHING: White and Black blouse outfit.

MEDICAL/OTHER: N/A

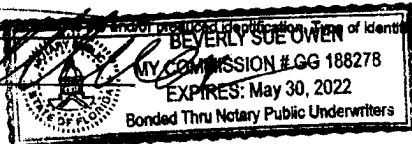
STATE OF FLORIDA  
COUNTY OF PALM BEACH

ADDEA #882

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of July 2020 by Ofc. Rob Addea #882

Print name of Arresting/Investigative Officer, who is performing this function and used identification. Type of identification produced



SCANNED  
JUL - 2 2020

SUBJECT: JANINE ELISE WESTRA

CASE NUMBER 20-9049

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

**REFUSED**

**WALK & TURN**

N/A

**ONE LEG STAND:**

N/A

**FINGER TO NOSE:**

N/A

**ROMBERG ALPHABET:**

N/A

**BREATH TEST RESULTS: REFUSED**

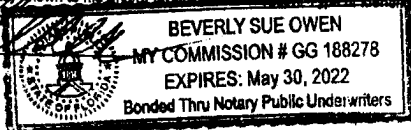
STATE OF FLORIDA  
COUNTY OF PALM BEACH

ADDEA #882

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of July 2020 by Ofc. Rob Addea #882

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification and certification produced



SCANNED

JUL - 2 2020

# TESTING FACILITY TASK REPORT

AGENCY: DELRAY BEACH, FL

SUBJECT: WESTRA, JANINE ELISE

CASE NUMBER: 20083551

DATE: 07/01/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1852

ENDING TIME: 1913

BREATH TESTS RESULTS: 1) Refused TIME 19001 A.M.  P.M.  2) TIME A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CRYING, UPSET, BEGGED A/O TO LET HER GO

CLOTHING: BLACK AND WHITE SHORT JUMPER

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

## COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1832 HRS.

A/O OBSERVED 20 MINUTES.

A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NEVER GOT OF CHAIR CRYING DECIDED TO REFUSE.

A/O READ C/W, DEFENDANT ANSWERED Q & A. HAD BEEN AT BEACH ALL DAY DRINKING BEER. DURING Q & A DEFENDANT NEEDED TO WIPE NOSE, BEFORE TECH GOT TO HER SHE BLEW IT OUT ALL OVER HER FACE. CONTINUED TO CRY AND ACT OUT IN THE HOLDING CELL.

SCANNED

JUL - 2 2020

**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF  
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST**

I, ADDEA #882 a duly certified Law Enforcement Officer or Correctional  
(Person reading Implied Consent Warning)

Officer, am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of enforcement agency)

or affirm that on or about the 1st day of JULY, 2020, at 1746 PM. A.M.  
(Circle One)

NAME Janine Westra  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# \_\_\_\_\_, state of Florida, was placed under lawful arrest for  
the offense of DUI by ADDEA #882 and  
(Name of Arresting Officer)  
issued Citation # \_\_\_\_\_

That on or about the 1st day of July, 2020, at 1900 PM. A.M.  
(Circle One)

in Palm Beach County, (PLEASE CHECK THE BOX OR BOXES THAT APPLY) I did request said  
person to submit to a  breath,  urine, or  blood test to determine the content of alcohol in his or her blood or breath or the presence of  
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of  
his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving  
privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits  
a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended  
for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver  
that this refusal will result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a  
first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to such test.  
Said person did at that time and place refuse to submit to such test or tests.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (RS. 117.10)**

The foregoing instrument was sworn and subscribed before me:

**(AFFIX SEAL)**

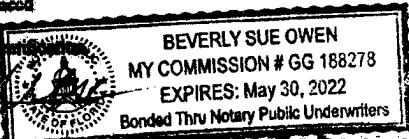
\_\_\_\_\_  
Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before  
me this 1st day of July, 2020,  
by ADDEA #882

Title \_\_\_\_\_  
Date \_\_\_\_\_

who is personally known to me or who has produced

Notary Public [Signature]



NOTE: Mail or hand deliver to the designated Bureau or Administrative Services Office, Department of Highway Safety and Motor Vehicles, with  
the driver's license, the appropriate copy of the UTC, and the probable cause affidavit. If no DLH arrest is made, attach HSMV 7005 (or Florida  
Commercial Driver's License/Privilege Disqualification).

OBTAINED  
JUL - 2 2020



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020016029	Date: 07/01/20
	Specialist Name/ID: J. Beck/9007

SCANNED  
JUL - 2 2020